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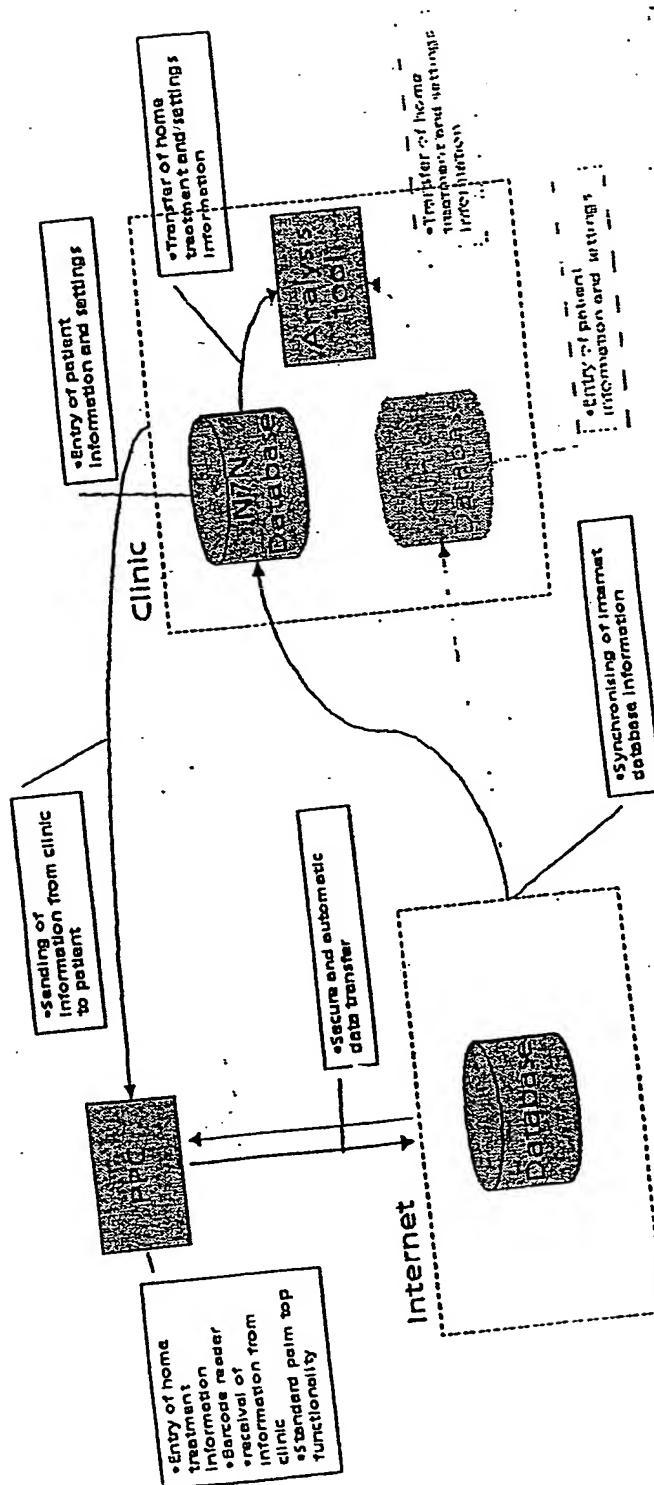
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Figure 1



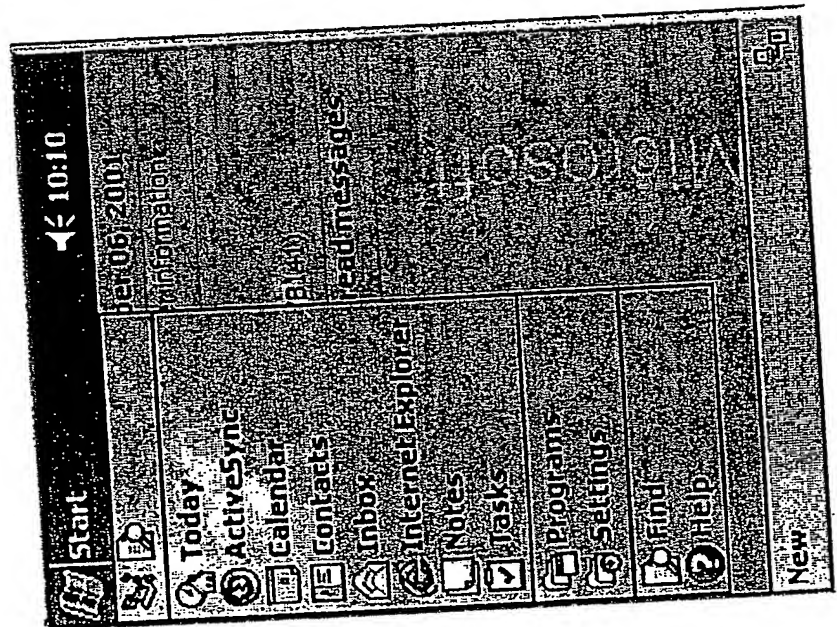


Figure 2

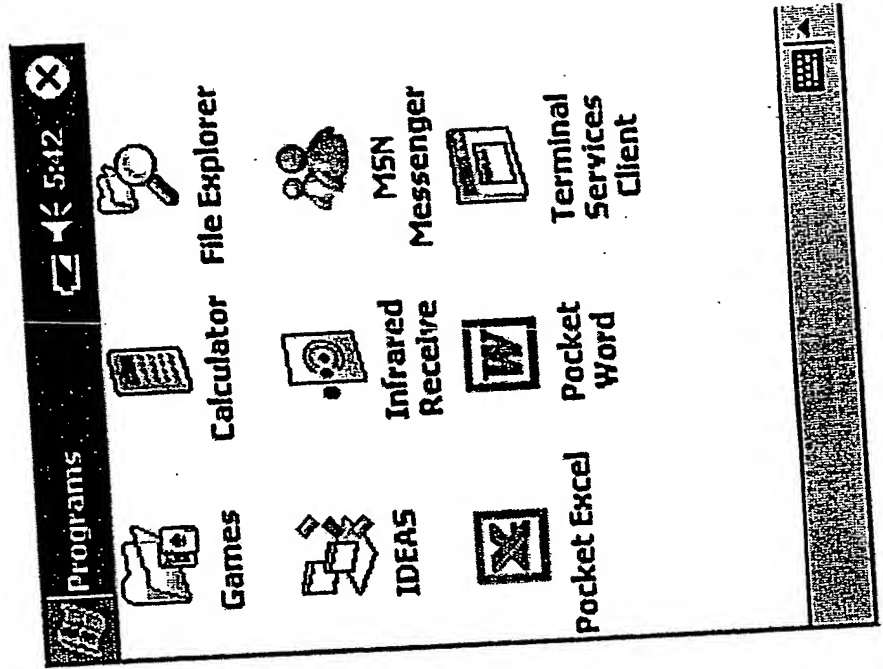


Figure 3

Figure 4

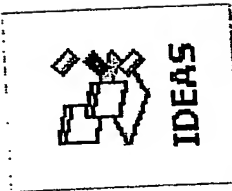
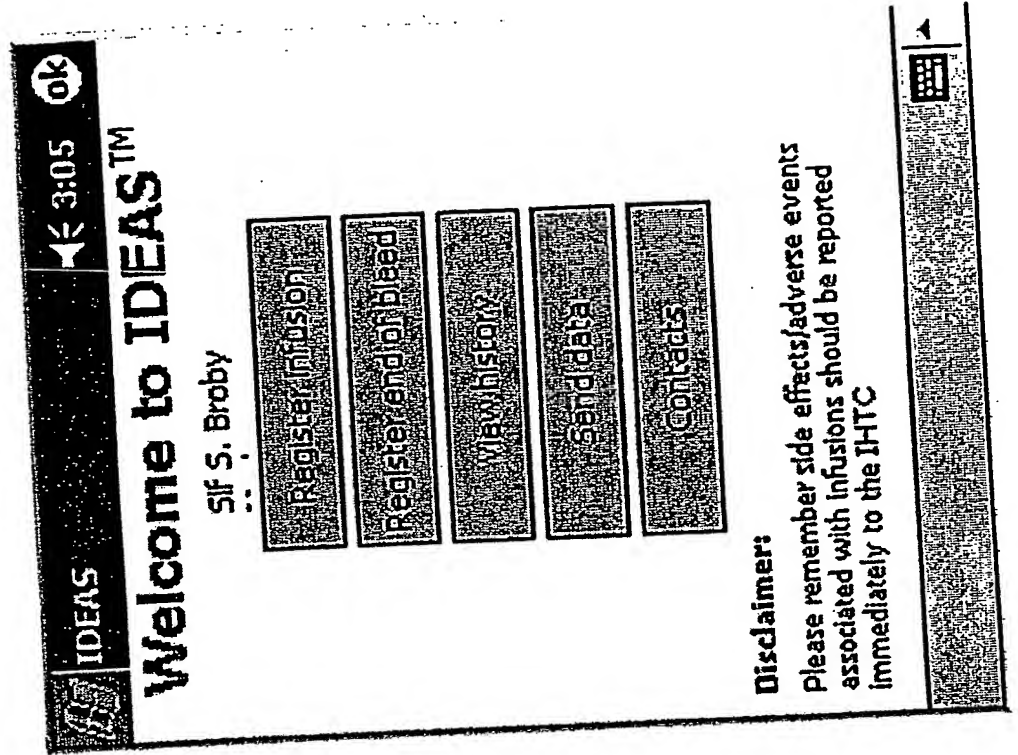


Figure 5

Register infusion

2:44

To register the infusion please enter required data:

Date: December 2001

S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Time: 12:00:00 PM

Register medical data:

Scan barcode

Enter manually

or

Cancel

Figure 6

Scan barcode

3:07

Ap

Please scan the barcode number:

Add

Please scan barcode

Delete

Cancel

OK

Figure 7

Scan barcode

3:09

X

Please scan next barcode number:

Add

Product	Dose & Unit
Test Product	3.2 mg

Delete

Cancel

please scan barcode

OK

Figure 8

Enter manually

10:36

X

Please enter the barcode number:

Add

123	1	2	3	4	5	6	7	8	9	0	-	=	↵
Tab	q	w	e	r	t	y	u	i	o	p	[	]	
CAP	a	s	d	f	g	h	j	k	l	;	'		
Shift	z	x	c	v	b	n	m	,	.	/			↵
Ctl	Alt	⌵											↵

Figure 9

Reason for infusion
< 3:11
X

You have now successfully entered the required medical data.

Please select the reason for infusion:

I'm bleeding:

It's prior to:

It's a follow-up to:

Or:


Figure 10



Follow-up outpatient pt
< 3:58
X

Please select an infusion to follow-up on:

**Notice:**  
If you have experienced any bleedings, you must register the episode. Please go to All bleedings.

Figure 11

**Prophylaxis**

 1:04 

Have you experienced any episode of bleeding since last infusion?

Yes

No

Cancel







Figure 12

**Immune Tolerance**

 4:16 

Have you experienced any episode of bleeding since last infusion?


Yes

No

You have experienced a bleeding episode. If not yet registered, please answer questions about the episode now!

OK, register the bleeding

No, the bleeding is registered





### Figure 13

**EMT** Register all bleeding 2:01

To register the bleeding episode, please answer the following questions:

Did you take any prior infusions? ☐ Yes ☐ No

Time from bleed start to infusion:

Injury related: ☐ Yes ☐ No

Bleeding Intensity: ☐ Usual ☐ Advanced

Please specify the location of the bleeding:

Cancel OK, go to body injury

EMT

**Figure 14**

Figure 15

The screenshot shows a medical software interface. At the top, a header bar contains the text "Indicate bleedings" and a clock icon showing "3:24". Below the header, there are two buttons: "Show front" and "Show back". The main area of the interface displays a grayscale image of a human figure lying down. Below the figure, the text "Please indicate on the figure where you are bleeding:" is displayed. At the bottom of the interface, there are three buttons: "OK, add more", "OK, continue", and "Cancel".

Figure 16

The screenshot shows a medical software interface. At the top, a header bar contains the text "Specify response to infusion" and a clock icon showing "2:55". Below the header, the text "Please register your response to the infusion:" is displayed. There are four radio button options: "Can't answer now", "Good", "Fair", and "Poor". At the bottom of the interface, there is a single button labeled "OK".

Figure 17

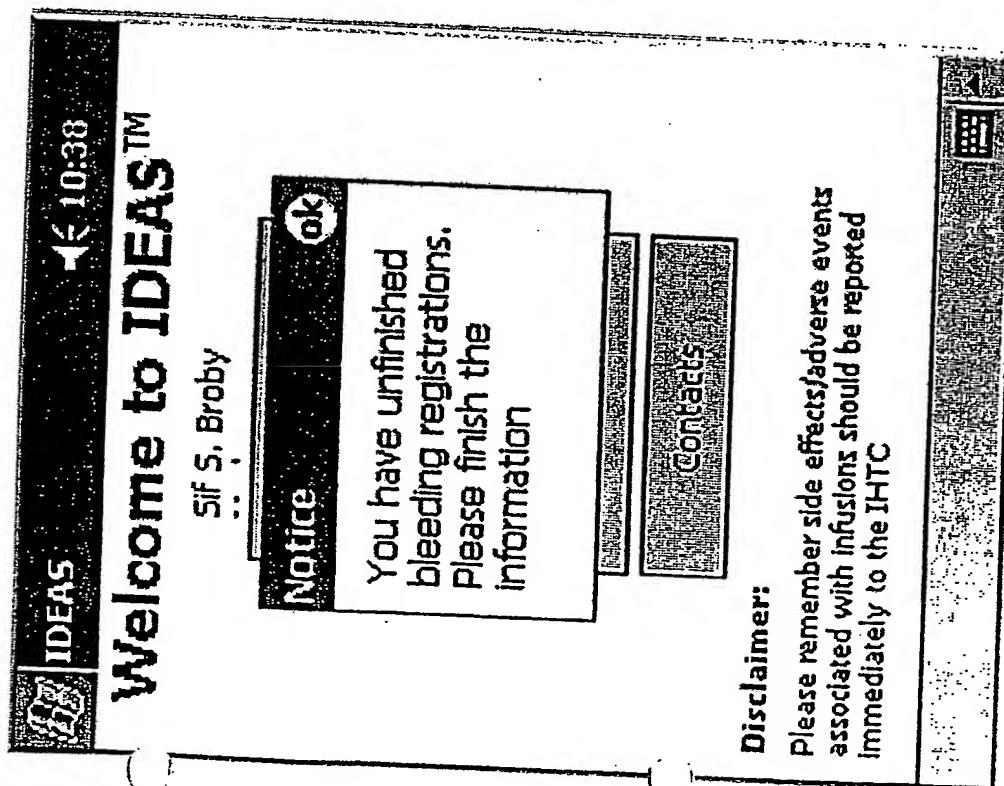
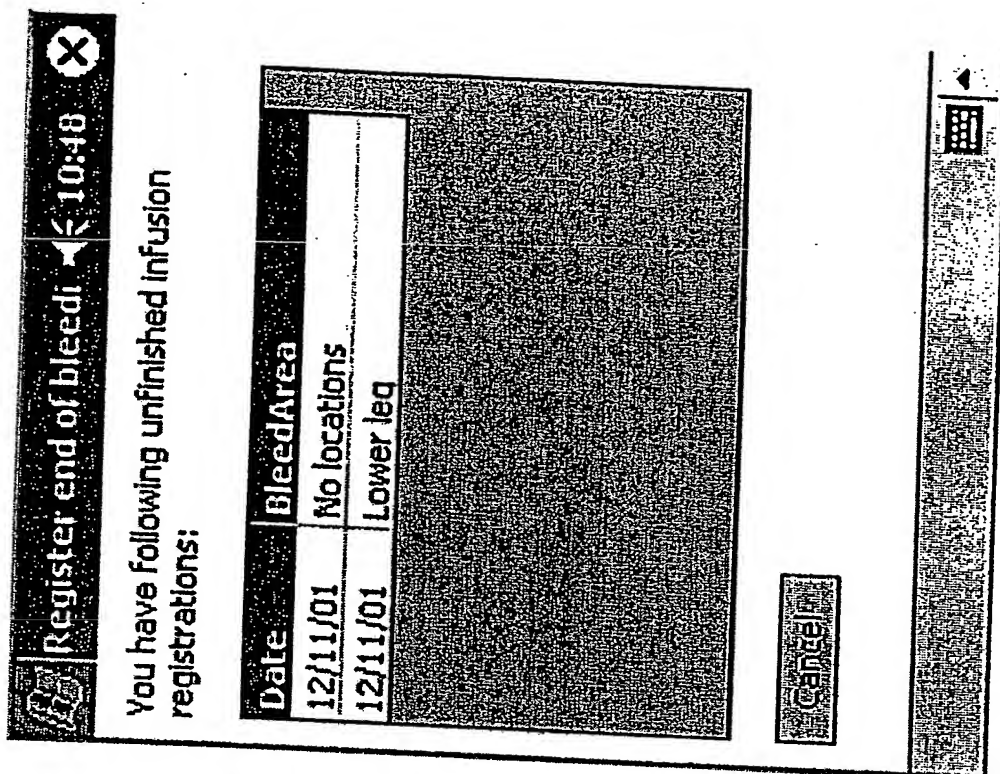


Figure 18



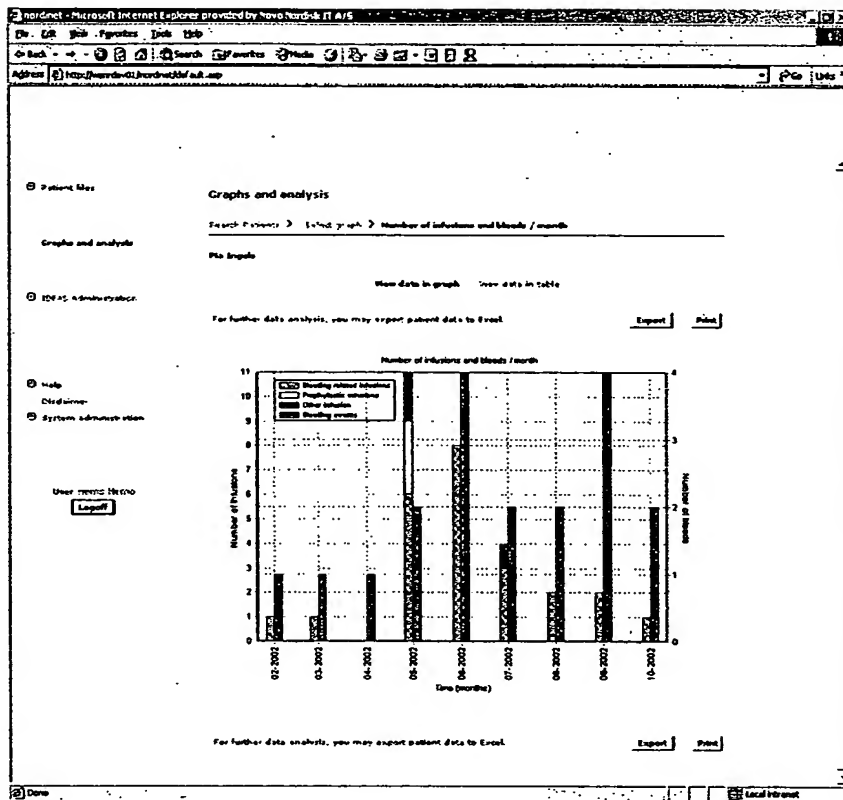


Figure 19

**Infusion details**

**Date:** 07/16/2002

**Time:** 10:00 PM

**Product:** BENEFIX

**Dose:** 8000

**Unit:** IU

**Reason for infusion:**

New bleeding

**Response to the infusion:**

Poor, the bleeding did not stop

**Time from bleed start to infusion:** 0-1 hours

Figure 20

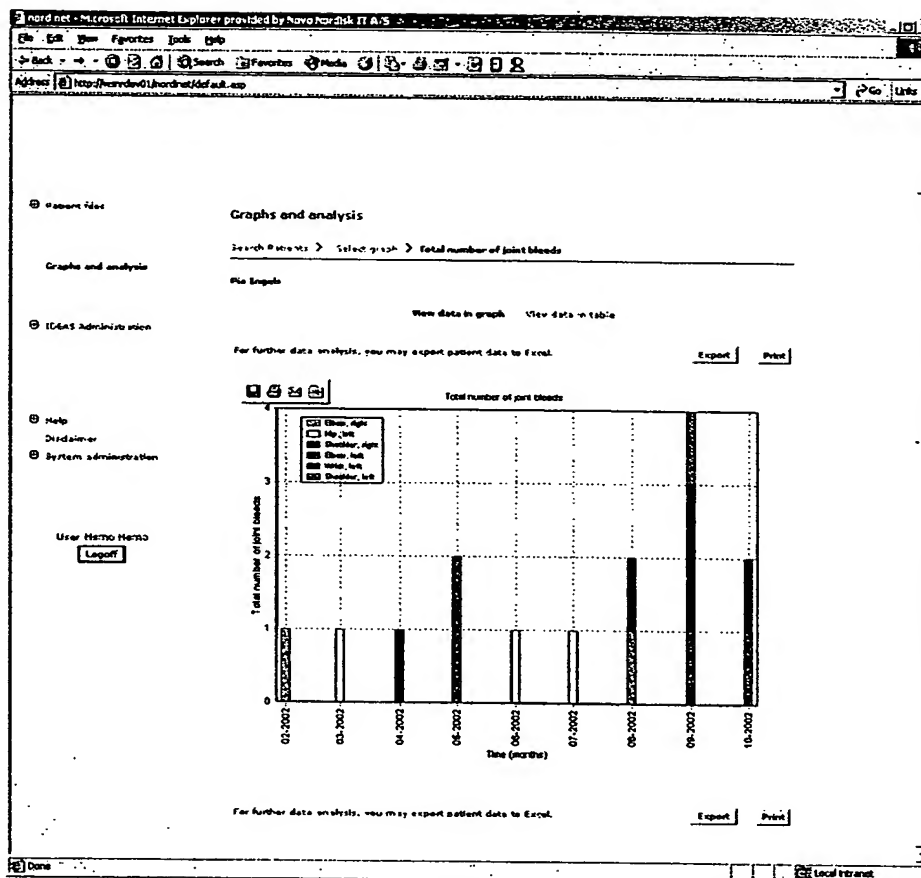


Figure 21

IDEAS Log in 11:39 X

Welcome to  
**HemoNet™ IDEAS**

Please select your user name,  
and enter password.

User name  
Jason

Password  
\*\*\*\*\*

OK

123	1	2	3	4	5	6	7	8	9	0	-	=	←
Tab	q	w	e	r	t	y	u	i	o	p	[	]	
CAP	a	s	d	f	g	h	j	k	l	;	'		
Shift	z	x	c	v	b	n	m	,	.	/	↵		
Ctl	áü	`	\							↓	↑	←	→

New

Figure 22

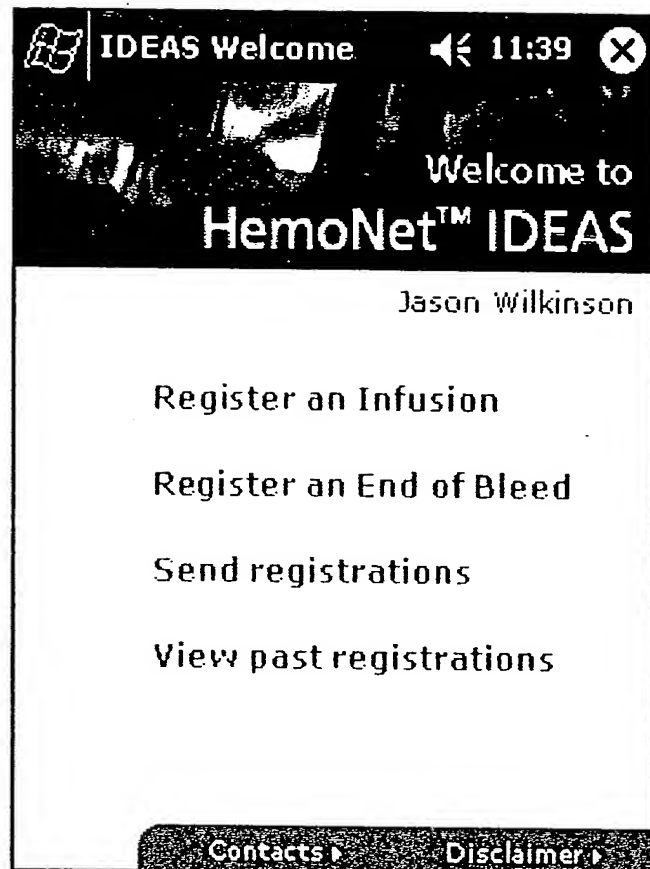



Figure 23



 IDEAS Reason for ... 11:39 X

**Please select the reason for infusion.**

**Im Bleeding:**

- New
- Follow up

---

**It's prior to:**

- Sport
- Physical Therapy
- Outpatient Procedure, Surgery or Dental

---

**It's a follow up to:**

- Outpatient Procedure, Surgery
- Dental, Sport or Physical Therapy
- Discharge from Hospital

---

**Or:**

- Immune Tolerance
- Prophylaxis
- Other

Figure 24



To enter a new bleed, please answer the following.

Injury related?

☒ Yes

☐ No

Bleeding intensity?

☒ Usual

☐ Advanced

Time from start bleed to first infusion

0-1 hours	▼
0-1 hours	
1-3 hours	
3-6 hours	
6-12 hours	
>12 hours	

Next

Figure 25

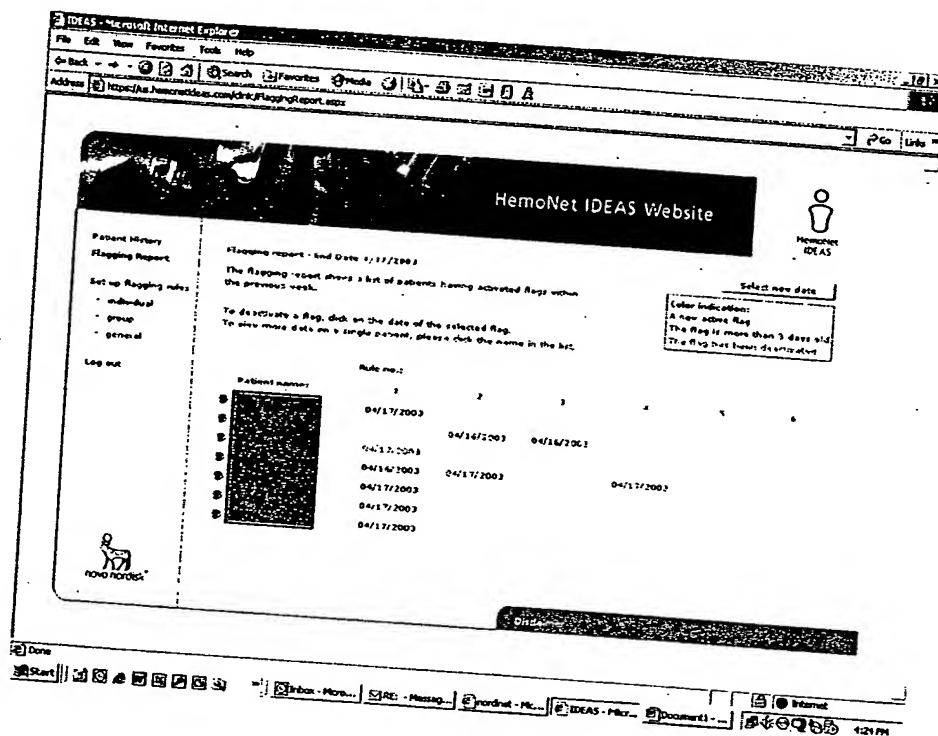


Figure 26

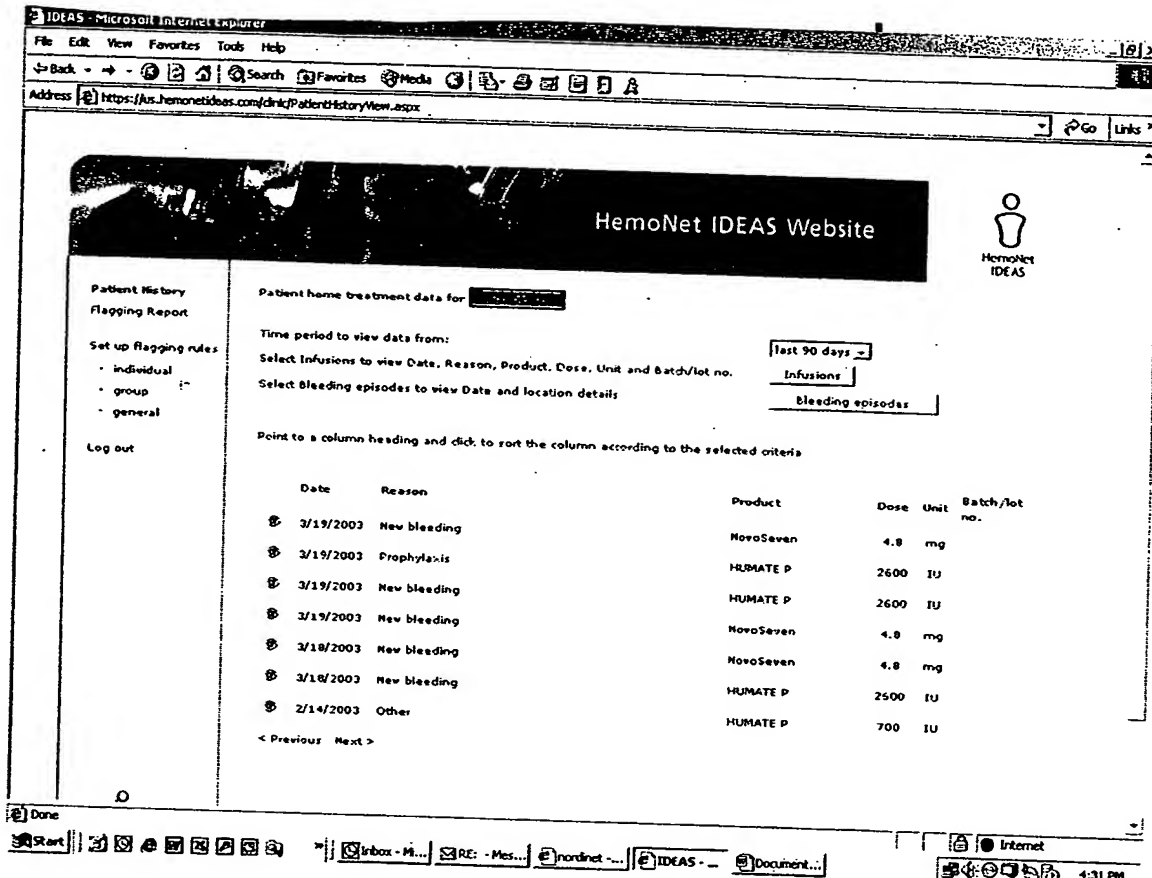


Fig 27

Figure 27

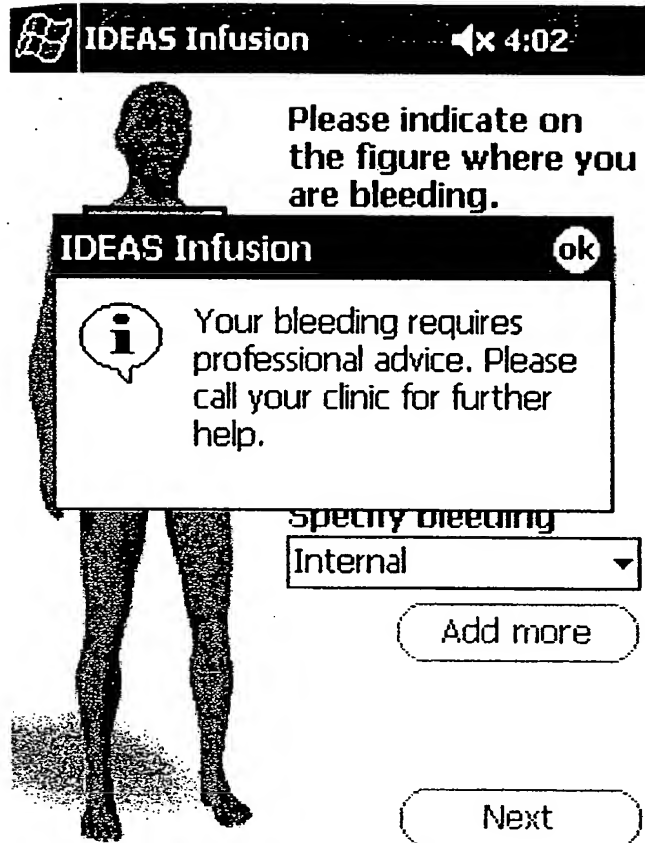


Figure 28

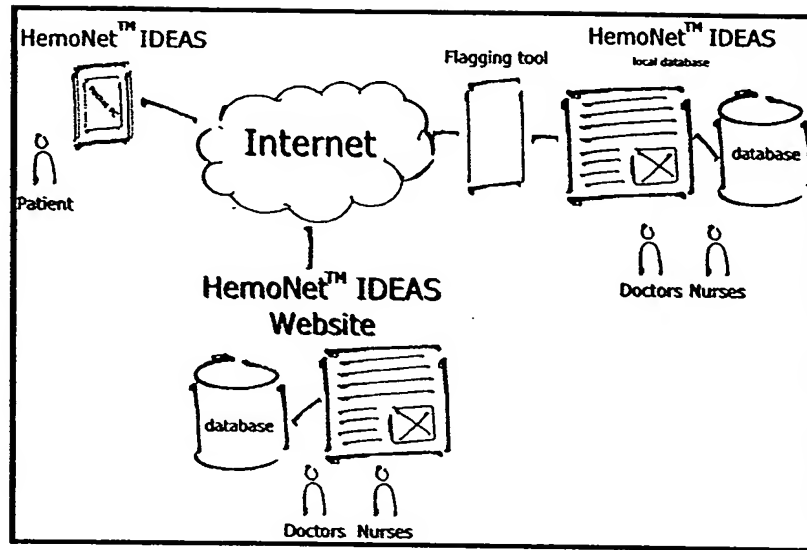


Figure 29